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PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/612,194-Conf. #4126
Filing Date	July 3, 2003
First Named Inventor	Chandra Mouli
Art Unit	2826
Examiner Name	T. N. Tran
Attorney Docket Number	M4065.0933/P933

## ENCLOSURES (Check all that apply)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | RCE   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                      | Return Receipt Postcard   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | Remarks   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP		
Signature			
Printed name	Thomas J. D'Amico		
Date	March 24, 2006	Reg. No.	28,371



PTO/SB/17 (01-06)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 1,240.00

### Complete if Known

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First Named Inventor	Chandra Mouli
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Attorney Docket No.	M4065.0933/P933

### METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  
☐ Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 46 - 59 = Extra Claims x Fee (\$) = Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 5 - 8 = Extra Claims x Fee (\$) = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00

1801 Request for continued examination (RCE) (see 37 ... 790.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	28,371	Telephone	(202) 828-2232
Name (Print/Type)	Thomas J. D'Amico	Date	March 24, 2006		